

Creditor ID#: 788-64999

United States Bankruptcy Court
Southern District of Texas
FILED

JUL 03 2000

Michael N. Milby, Clerk

Check here ☐ replaces
if this claim ☐ amends a previously filed claim, dated: _____

Retiree benefits as defined in 11 U.S.C. § 1114(a)
Wages, salaries, and compensation (Fill out below)
Your SS#: _____ - _____ - _____
Unpaid compensation for services performed
from _____ to _____
(date) (date)

3. If court judgment, date obtained:

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim
 Amount entitled to priority \$ 187.50
 Specify the priority of the claim:
☐ Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☒ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____).
 *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524
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as promissory
acts,
lien.

r claim,

per person authorized to file this claim

- WITCHER, PRESIDENT SNO

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

WILLIAMS GLASS COMPANY

Date 11/13, 00

Beall's

3415 Olton Rd

Blainview Texas

79072

[illegible]



Williams Glass Co.

4430 OLTON ROAD

PLAINVIEW, TEXAS 79072

PHONE: 806-296-7261 • FAX: 806-296-7054

**Customer's
Order No._____**

Date.

11/13 19 00

Name _____

Name Beall's

Address

Address 3415 Olton Rd
Plainview Texas

[illegible]

All claims and returned goods MUST be accompanied by this bill

100

5482

Rec'd By

STATE NATIONAL BANK

OF WEST TEXAS

January 13, 2000

Beall's
3415 Olton Road
Plainview, Texas 79072

RE: Invoice #5482
Amount Due \$187.50

Dear Gentlemen

This letter is to advise you that State National Bank of West Texas and Williams Glass Company are working together on account billings and receiving. State National Bank has taken a direct assignment of the account (s) owed or to be owed by you to Williams Glass Company.

When payment for product purchased or services received is made, please make your check payable jointly to Williams Glass Company and State National Bank of West Texas. Mail your invoice and payment to the following address:

Williams Glass Company
%State National Bank of West Texas
P.O. Box 160
Plainview, Texas 79073-0160
Attn: Willis McCutcheon

Williams Glass Company is a valued customer of the bank and we appreciate your attention in this matter.

This letter is being sent by both regular and certified mail. The certified mail receipt will act as your acknowledgement of this letter. This agreement will remain in effect until you receive written notice from State National Bank of West Texas advising you otherwise.

US Postal Service Clerk: KJFVH
Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Beall's	
Street & Number	
3415 Olton Rd	
Post Office, State, & ZIP Code	
Plainview, TX 79072	
Postage	\$ 0.33
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 2.98
Postmark or Date	
1/20 - W.G.C.	

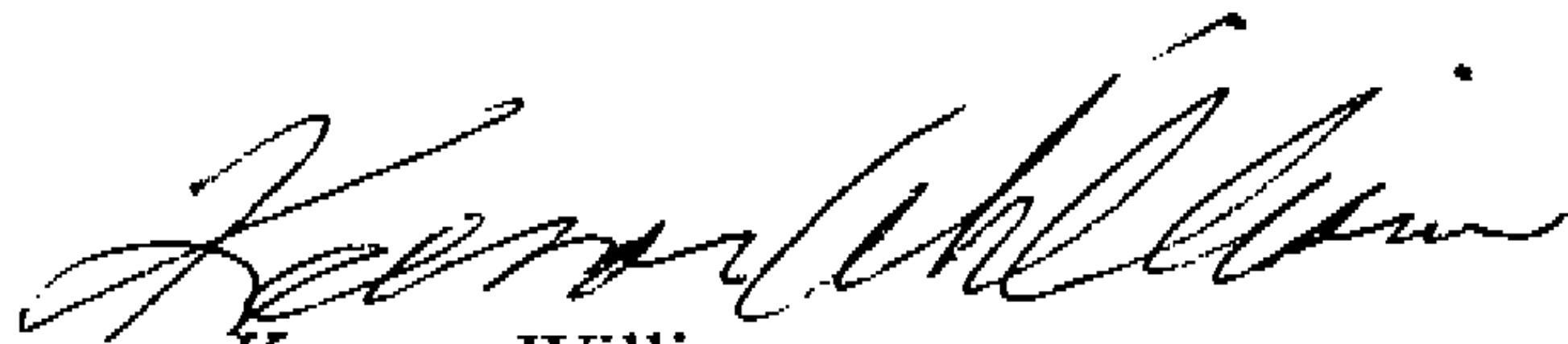
PS Form 3800, April 1995

Should you have any questions please feel free to contact Willis McCutcheon at (806)293-9661. Thank you for your attention to this matter.

Sincerely,



Willis McCutcheon, V
President




Keenan Williams
Williams Glass Company

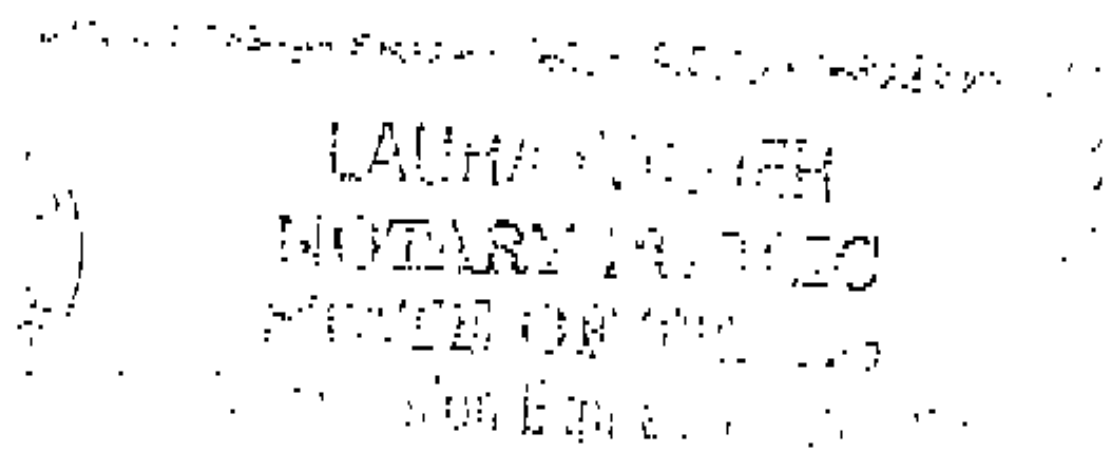
STATE OF TEXAS

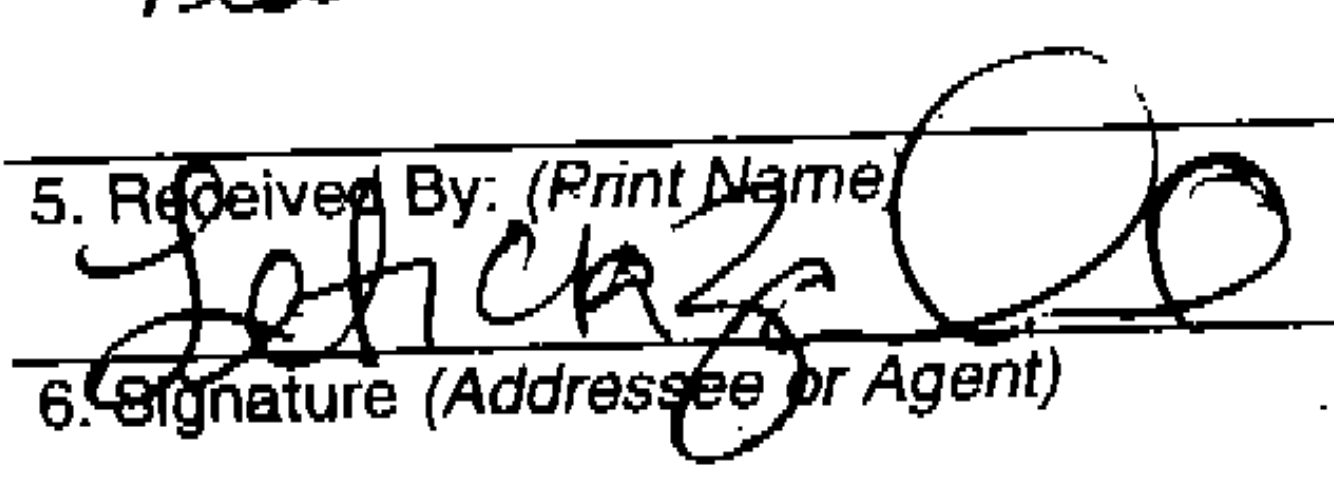
COUNTY OF HALE

This instrument was acknowledged before me, a Notary Public, by Willis McCutcheon and Keenan Williams, on this 18 day of January 2000.

My Commission Expires:
Name:


Notary Public



SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery	
3. Article Addressed to: Beall's 3415 Olton Road Plainview, TX 79072		4a. Article Number <u>2 8102 831 391</u>	
5. Received By: (Print Name) <u>John C. Co</u>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature (Addressee or Agent) 		7. Date of Delivery <u>1-21-00</u>	
		8. Addressee's Address (Only if requested and fee is paid)	

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.